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| SCANNED |
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| MAR     |
| 29      |
| 2013    |

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Employee benefit programs

26 Excess exempt expenses (Schedule I)

28 Other deductions (attach statement)

Excess readership costs (Schedule J)

29 Total deductions. Add lines 14 through 28

|         | •  |               |   |                 |                                       |                 |                |               |   |                               |  |  |
|---------|--|---------------|---|-----------------|---------------------------------------|-----------------|----------------|---------------|---|-------------------------------|--|--|
|         | ,<br>000 T                                     | Exe           | empt Organization Bu  |                 |                                       |                 | eturn (and     | l             | OMB No 1545-0687  |                               |  |  |
| • 1     | orm <b>990-T</b>                               |               | proxy tax und   |                 | -                                     | e))             |                |               |   | 2012                          |  |  |
|         |  | For ca        | alendar year 2012 or other tax y                            | year b          | eginning                              |                 | , , 2          | 2012,         | -   '   | 2012                          |  |  |
| Dena    | ortment of the Treasury                        |               | and ending  |                 | ,                                     |                 |                |               | Open to   | Public Inspection fo          |  |  |
| Inter   | nal Revenue Service                            | <b></b>       | <del>, , , , , , , , , , , , , , , , , , , </del>           |                 | nstructions.                          |                 |                |               | 501(c)(3  | B) Organizations Only         |  |  |
| Α       | Check box if address changed                   | 1.            | · · · L   |                 | changed and see ins                   | -               |                | 1             | Employer identification number (Employees' trust, see instruction |                               |  |  |
| В       | Exempt under section                           | Print         | DELIVERANCE TEMPLE Number, street, and room or suite number | MIN<br>per If a | ISTRIES,                              | INC.            |                |               | 60.1  | 225225                        |  |  |
|         | X 501( c )(3 )                                 | or<br>Type    |   |                 | . O BOM, GGG MISUGG                   |                 |                | -             |   | 805225<br>I business activity |  |  |
|         | 408(e) 220(e)                                  | 1             | 5078 MILLBRANCH AV  | E •             |                                       | State Z         | IP code        |               | E Unrelated business activity codes (see instructions)            |                               |  |  |
|         | 408A530(a)                                     |               | -   |                 |                                       |                 |                | 1             | F 2 1 1   | 0.0                           |  |  |
| <u></u> | Book value of all assets at                    | F Curve       | MEMPHIS   |                 |                                       | TN 3            | 88116          | !             | 5311  | 20                            |  |  |
| C       | end of year                                    | <del></del>   | exemption number (See instru                                |                 |                                       | <u> </u>        | <del></del>    | 1401          |   |                               |  |  |
|         | 105,181.                                       | <del></del>   |   | 501(c           | ) corporation                         | 501             | (c) trust      | 401           | (a) trust   | Other trus                    |  |  |
|         |  |               | unrelated business activity                                 |                 |                                       |                 |                |               |   |                               |  |  |
|         | RENTAL OF NONR                                 |               |   |                 | · · · · · · · · · · · · · · · · · · · | <del></del>     |                |               |   | <del>70 67.</del>             |  |  |
|         |  | -             | ation a subsidiary in an affiliate                          | -               | •                                     | ubsidiar        | y controlled g | group?        | . , - [   | Yes X No                      |  |  |
|         |  |               | ying number of the parent corpo                             | oration         | <u> </u>                              |                 | <del> </del>   |               |   |                               |  |  |
| J       | The books are in care o                        |               |   |                 | <b>/4</b> \ 1                         |                 | elephone nun   |               | (901)   | 398-8959                      |  |  |
| Pa      | <del></del>                                    |               | usiness Income  |                 | (A) Incon                             | 1e              | (B) Exp€       |               | 7 (2) (22,02)   | (C) Net                       |  |  |
|         | a Gross receipts or sale                       |               | <u>7,200.</u>   |                 |                                       |                 | ' '            |               | "   | a a                           |  |  |
|         | b Less returns and allowances                  |               | c Balance►  | 1 c             | 7,                                    | ,200.           | ,              |               |   |                               |  |  |
|         | Cost of goods sold (So                         | •             | •   | 2               |                                       |                 |                | <del></del>   |   |                               |  |  |
|         | Gross profit Subtract                          |               |   | 3               | 7,                                    | 200.            |                |               |   | 7,200                         |  |  |
|         | a Capital gain net incom                       | •             | •   | 4 a             |                                       |                 |                |               |   |                               |  |  |
|         | <b>b</b> Net gain (loss) (Form 4797,           |               | 7) (attach Form 4797)                                       | 4 b             |                                       |                 | <u></u>        |               |   |                               |  |  |
| _       | c Capital loss deduction                       |               |   | 4 c             |                                       |                 |                |               |   |                               |  |  |
| 5       | Income (loss) from pa<br>(attach statement)    | rtnersnips a  | and S corporations  | 5               |                                       |                 |                |               |   |                               |  |  |
| 6       | Rent income (Schedule                          | e C)          |   | 6               |                                       |                 |                |               |   |                               |  |  |
| 7       | Unrelated debt-finance                         | -             | Schedule E)   | 7               |                                       |                 |                |               |   | <del></del>                   |  |  |
| 8       | Interest, annuities, rov                       | alties, and   | •   |                 |                                       |                 |                |               | -   | <del></del> -                 |  |  |
| _       | organizations (Schedu                          |               |   | 8               |                                       |                 |                |               |   |                               |  |  |
| 9       |  |               | (9), or (17) organization (Sch G)                           | 9               |                                       |                 |                |               |   |                               |  |  |
| 10      | Exploited exempt activ                         | -             | (Schedule I)  | 10              | ··                                    |                 |                |               |   | <del></del>                   |  |  |
| 11      | Advertising income (So                         |               |   | 11              |                                       |                 |                | <del></del>   |   |                               |  |  |
| 12      | Other income (See ins                          | tructions, a  | ittach statement)   | _               |                                       |                 |                |               | 1   |                               |  |  |
|         |  |               |   | 12              |                                       |                 |                |               |   |                               |  |  |
|         | Total. Combine lines 3                         |               |   | 13              |                                       | 200.            |                |               |   | 7,200                         |  |  |
| Pa      | except for c                                   | ontributio    | n Elsewhere (see instructions, deductions must be           | direc           | tly connected                         | ns on<br>d with | the unrelat    | i.)<br>ted bu | usiness   | ıncome)                       |  |  |
| 14      | Compensation of office                         | ers, director | rs, and trustees Schedule KD                                |                 | 7                                     |                 |                | 1             | 14  |                               |  |  |
| 15      | Calaries and Wages                             |               | VECEIAED  |                 |                                       |                 |                | _1            | 15  |                               |  |  |
| 16      | Repairs and maintenai                          | псе           |   | ၂၀              | 1                                     |                 |                |               | 16  | 800                           |  |  |
| 17      | Bad debts .                                    |               | MAR 2 0 2013  | OS(             |                                       |                 |                | [1            | 17  |                               |  |  |
| 18      | Interest (attach statem                        | ent) ,        |   | RS-             | ļ                                     |                 |                | <b>1</b> 3    | 18  | 2,186                         |  |  |
| 19      | Taxes and licenses                             | ,             | OPPEN IN  | ,<br>보          |                                       |                 |                | 1             | 19  |                               |  |  |
| 20      | Charitable contribution                        | s (See insti  | ructions for limitation rules)                              |                 | ļ                                     |                 |                | 2             | 20  |                               |  |  |
| 21      | Depreciation (attach Fo                        | orm 4562)     |   |                 | . 21                                  |                 | 3,36           | 69.           |   |                               |  |  |
| 22      | Less depreciation clair                        | ned on Sch    | iedule A and elsewhere on retui                             | rn              | 22                                    | а               |                |               | 22 b  | 3,369                         |  |  |
| 23      | Depletion                                      |               |   |                 |                                       |                 |                | 2             | 23  |                               |  |  |
| 24      | 4 Contributions to deferred compensation plans |               |   |                 |                                       |                 |                |               |   |                               |  |  |

30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

See Other Deductions Statement

31

BAA For Paperwork Reduction Act Notice, see instructions.

32 33 Specific deduction (generally \$1,000, but see line 33 instructions for exceptions ) .

Unrelated business taxable income. Subtract line 33 from line 32 If line 33 is greater than line 32, enter 34 the smaller of zero or line 32

TEEA0201 12/04/12

-1,937.Form 990-T (2012)

2,782.

9,137.

 $-1,9\overline{37}$ .

-1,937.

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| Form <b>Par</b> |  | LE MINISTRIES, INC.          | •  |                                    | 62                 | -1805225            | Р              | age 2    |
|-----------------|--|------------------------------|--|------------------------------------|--------------------|---------------------|----------------|----------|
| a<br>b          | Organizations Taxable as Corporations. (see Controlled group members (sections 1561 at Enter your share of the \$50,000, \$25,000, at (1)   (2)   Enter organization's share of (1) Additional (2) Additional 3% tax (not more than \$100,000) | nd 1563) check here ►        | See instruc<br>e brackets                    |                                    |                    |                     |                |          |
| С               | Income tax on the amount on line 34  |                              |  |                                    | ▶                  | 35 c                |                | 0.       |
| 36              | Trusts taxable at trust rates. (see instruction  |                              |  | e amount                           |                    | الم                 |                |          |
| 27              | on line 34 from. Tax rate schedule of  | r Schedule D (Form 10        | 041)   | •                                  | <b>-</b>           | 36                  |                |          |
|                 | <b>Proxy tax.</b> (see instructions) . Alternative minimum tax .   | ,                            |  | •                                  | }                  | 38                  |                |          |
|                 | <b>Total.</b> Add lines 37 and 38 to line 35c or 36  | 5. whichever applies .       |  |                                    |                    | 39                  |                | 0.       |
|                 | IV Tax and Payments  | <u> </u>                     |  |                                    |                    |                     | -              |          |
|                 | Foreign tax credit (corporations attach Form   | 1118, trusts attach Form 111 | 6)   | 10 a                               |                    |                     |                |          |
|                 | Other credits (see instructions)   |                              |  | 10 ь                               |                    |                     |                |          |
|                 | General business credit Attach Form 3800   |                              | [4   | 10 c                               |                    |                     |                |          |
|                 | Credit for prior year minimum tax (attach Fo   | orm 8801 or 8827)            | <u>                                     </u> | 10 d                               |                    |                     |                |          |
|                 | Total credits. Add lines 40a through 40d   |                              |  |                                    | · ·                | 40 e                |                |          |
|                 | Subtract line 40e from line 39   | DE 9611 DE 9607              | П <sub>С-гт</sub> о                          |                                    |                    | 41                  | _              | 0.       |
| 42              | Other taxes Check if from: Form 4255   |                              |  | 300                                |                    | 42                  |                |          |
| 13              | Other (attach statement) .  Total tax. Add lines 41 and 42   | •                            | •  | •                                  | İ                  | 43                  |                | 0.       |
| -               | Payments. A 2011 overpayment credited to   | 2012 .                       | . 14   | 14 a                               |                    |                     |                |          |
|                 | 2012 estimated tax payments  |                              | 7  | 14 Ь                               |                    |                     |                |          |
|                 | Tax deposited with Form 8868   |                              | . [4   | 14 с                               |                    |                     |                |          |
| d               | Foreign organizations. Tax paid or withheld  | at source (see instructions) | . [4   | 14 d                               | ·                  |                     |                |          |
|                 | Backup withholding (see instructions)  |                              | <u> </u>                                     | 14 e                               |                    |                     |                |          |
|                 | Credit for small employer health insurance i   |                              | · <u> </u>                                   | 14 f                               |                    |                     |                |          |
| g               |  | rm 2439                      |  |                                    |                    | 1                   |                |          |
|                 | Ш  | her Tot                      | tal P  | 14 g                               |                    |                     |                |          |
|                 | Total payments. Add lines 44a through 44g  |                              |  |                                    |                    | 45                  |                |          |
|                 | Estimated tax penalty (see instructions). Ch   |                              |  | •                                  |                    | 46                  |                |          |
|                 | Tax due. If line 45 is less than the total of line   |                              |  | •                                  | [                  | 47                  |                |          |
|                 | Overpayment. If line 45 is larger than the to  |                              | mount ove                                    | 1                                  |                    | 48                  | <del></del>    | 0.       |
|                 | Enter the amount of line 48 you want. Cred   |                              | f A:   |                                    | Refunded ►         | 49                  |                |          |
| Part            | <u> </u>   |                              |  |                                    |                    |                     |                | Na       |
|                 | At any time during the 2012 calendar year, financial account (bank, securities, or other) in a   |                              |  |                                    |                    |                     | Yes            | No       |
|                 | Report of Foreign Bank and Financial Accou   |                              |  |                                    |                    | JO-22 1,            | <u> </u>       |          |
| •               | During the tax year, did the organization red  |                              | -  | _                                  |                    | reign trust?        | _              | X        |
|                 | If 'Yes', see instructions for other forms the   |                              | is it the gro                                | into oi, oi tiai                   | isieror to, a re   | reign trust         | <b></b>        | <u> </u> |
|                 | Enter the amount of tax-exempt interest rec  | •                            | v vear <b>&gt;</b>                           | \$                                 |                    |                     | 1,             |          |
|                 | edule A — Cost of Goods Sold. Enter  |                              |  | <u>Y</u>                           |                    | . ,                 | ! .            | ·        |
|                 | Inventory at beginning of year   | 1                            |  | ory at end of y                    | /ear               | 6                   |                |          |
| _               | Purchases  | 2                            |  | of goods sold.                     | ſ                  |                     |                |          |
| 2<br>3          | Cost of labor  | 3                            |  | from line 5 E                      |                    |                     |                |          |
|                 | Additional section 263A costs (attach statement)   |                              | and ir                                       | Part I, line 2                     |                    | 7                   |                |          |
| <b>→</b> a      | Additional Section Education Statements  | 4 a                          |  |                                    |                    |                     | Yes            | No       |
| b               | Other costs  | 4 b                          |  | e rules of secti<br>rty produced o |                    |                     |                |          |
| 5               | (att stmt)  Total. Add lines 1 through 4b  | 5                            |  | organization?                      | i acquired ioi     | resale) apply       |                |          |
|                 | Under penalties of perjury, I declare that I have e<br>belief, it is true, correct, and complete Declaration   | - •                          |  | =                                  | and to the best of | my knowledge and    | <del>- !</del> |          |
| Sign            | belief, it is true, correct, and complete Declaration  |                              | _  | _                                  | ſ                  | May the IRS discus: | this retur     | n with   |
| Here            | Signature of officer   | 3-17-13<br>Date              | — ▶ Ţıtie                                    | a Stor                             |                    | the preparer shown  | below (sec     | e        |
|                 | Signators of Smoot   | - 510                        |  |                                    |                    | <u>X</u>            | Yes            | No       |
| Paid            | Print/Type preparer's name   | Preparer's signature         | Date   |                                    | Checkif            | PTIN                |                |          |
| Pre-            |  | KENNETH BEECH                | 03   | /12/13                             | self-employed      | P007623             | 37             |          |
| pare            |  | ANTS, INC                    |  |                                    | Firm's EIN         | <u>86-106418</u>    | 4              |          |
| Use             | Firm's address 1331 UNION AV   | E. SUITE 812                 |  |                                    | _                  |                     |                |          |
| Only            | MEMPHIS  |                              | 'N 381                                       | ) 4                                | Phone no           | (901) 27            |                |          |
| BAA             |  | TEEA0202 12/04/              | 12   |                                    |                    | Form                | 990-T (        | 2012)    |

| C, I all Costs) DEBIA   | EIGHCE TEM                                   | - L D  |   | d Danas                                      | nal Duanau                                      | <u>.</u>          | Leas                            | ad Mith Da   | al Dr                             |  | ortical (and unabsurational)                                    |
|---|--|--------|---|--|---|-------------------|---------------------------------|--|-----------------------------------|--|---|
| Schedule C - Rent Inco  | me (From Re                                  | al P   | roperty an                              | a Perso                                      | nai Proper                                      | ty                | Lease                           | ea with Re   | ai Pro                            | ppe                                    | (see instructions)  |
| 1 Description of property   |  |        |   |  |   |                   |                                 |  |                                   |  |   |
| (1) NON-RESIDENTAL F  | יארדדדשע _                                   | CFD    | አይአጥሮ ሮአ                                | CTITTY                                       | МТТИ МА   | TN                | JOWE                            | T.T.TNG  |                                   |  |   |
| (2)   | ACIUIII                                      | OEF.   | AIGIE IA                                | Стптіт                                       | WIIII 1123                                      | <u></u>           |                                 | ББТКО  |                                   |  |   |
| (3)   |  |        | ****                                    |  |   |                   |                                 | · · · · · · · · · · · · · · · · · · ·              |                                   |  |   |
| (4)   |  |        |   |  |   |                   |                                 |  |                                   |  |   |
| (4)   | 2 Rent recei                                 | ved o  | r accrued                               |  |   |                   | 1                               |  |                                   |  |   |
| (a) From personal p   |  | T      |   | aal and ne                                   | rsonal proper                                   | tv                |                                 | <b>3(a)</b> Dedu                                   | ctions                            | dıre                                   | ctly connected with   |
| (if the percentage of rent<br>property is more than 1<br>more than 50°  | for personal<br>0% but not                   |        | (if the percoperty ex                   | entage of<br>ceeds 50%                       | rent for perso<br>% or if the ren<br>or income) | ñа                | 5                               | the incor  |                                   |  | mns 2(a) and 2(b)<br>atement)                                   |
| (1)   | -  |        |   |  | . <del></del>                                   |                   |                                 | · <u>-</u>   |                                   |  |   |
| (2)   |  |        |   |  |   |                   |                                 |  |                                   |  |   |
| (3)   |  | 1      | •                                       |  |   |                   |                                 |  |                                   |  |   |
| (4)   |  | +      |   |  |   |                   |                                 |  |                                   |  |   |
| Total   |  | Tota   | al                                      |  |   | _                 |                                 |  |                                   |  |   |
|   | oolumne 2(a) on                              |        |   |  |   |                   |                                 | (b) Total deduct                                   | ons. En                           | ter                                    |   |
| (c) Total income. Add totals of here and on page 1, Part I, line  |  | u 2(b) | ) Enter ►                               |  |   |                   |                                 | nere and on page<br>, line 6, column (             | i, Part<br>B)                     | •                                      |   |
| Schedule E - Unrelated  | Debt-Financ                                  | ed Ir  | ncome (see                              | instructio                                   | ns)   |                   |                                 |  |                                   |  |   |
| 1 December of a   | laht financad ara                            | narhi  |   |  | income from                                     |                   | 3 Ded                           |  |                                   |  | ed with or allocable to<br>property                             |
| 1 Description of o  | lest-illianced proj                          | perty  |   |  | ed property                                     |                   | (a<br>deprec                    | ) Straight line<br>iation (attach                  | stmt)                             | (b) Other dedu<br>stmt) (attach stater |   |
| (1)   |  |        |   |  |   | _                 |                                 |  |                                   |  |   |
| (2)   |  |        |   |  |   |                   |                                 |  |                                   | ├                                      | <del></del>   |
| (3)   |  |        |   | <del> </del>                                 |   |                   | <del></del>                     |  |                                   |  |   |
| (4)   |  |        |   | <del> </del>                                 |   | _                 |                                 |  |                                   |  |   |
|   | E Average :                                  | -dusct | and basis of                            | 6.0  | olumn 4   |                   | 7                               | Gross income                                       |                                   | R                                      | Allocable deductions  |
| 4 Amount of average a cquisition debt on or allocable to debt-financed property (attach statement)  5 Average a or allocable property (at |  | tó de  | bt-financed                             | divided by<br>column 5                       |   |                   | reportable (column<br>column 6) |  |                                   |  |   |
| (1)   |  |        |   |  |   | ક                 |                                 |  |                                   |  |   |
| (2)   | -  |        |   | <del> </del> -                               |   | 8                 |                                 |  |                                   |  |   |
| (3)   |  |        |   |  |   | <del>-</del><br>ક |                                 |  |                                   |  | <del></del>   |
| (4)   |  |        |   |  |   | <del>~</del><br>용 |                                 |  |                                   |  |   |
|   |  |        |   | <u>.                                    </u> |   |                   | Enter h                         | ere and on na                                      | nge 1                             | Ente                                   | er here and on page 1,  |
|   |  |        |   |  |   |                   | Part I,                         | line 7, colum                                      | n (A)                             | Pa                                     | rt I, line 7, column (B)  |
| Totals  |  |        |   |  |   | •                 |                                 |  |                                   |  |   |
| Totals  |  | بامم م |   |  | •   | - !               |                                 |  |                                   |  |   |
|   |  |        |   | nto Evo                                      | - Controll                                      |                   | Oras                            |  | <del></del>                       | 1                                      | -1  |
| Schedule F – Interest, A  | Annuities, Roy                               | yaiti  |   |  |   | ea                | Orga                            | nizations (  | see ins                           | struc                                  | ctions)   |
|   |  |        | Exempt Con                              | trolled Org                                  | janizations                                     |                   |                                 | <del></del>  |                                   |  | T   |
| 1 Name of controlled organization 2 Employer identification number  |  |        | 3 Net unr<br>income (los<br>instruction | s) (see payments mad                         |   |                   |                                 | uded 11<br>olling<br>1's gros                      | connected with income in column 5 |  |   |
| (1)   |  |        |   |  |   | _                 |                                 |  |                                   |  |   |
| (2)   |  |        |   |  |   |                   |                                 |  |                                   |  |   |
| (3)   |  |        |   |  |   |                   |                                 |  |                                   |  |   |
| (4)   |  |        |   |  |   |                   |                                 |  |                                   |  |   |
| Nonexempt Controlled Organiz  | ations                                       |        |   |  |   |                   |                                 |  |                                   |  |   |
| 7 Taxable Income  | 8 Net unrela<br>income (loss)<br>instruction | (see   | 9 Total of paymer                       | specified<br>its made                        | e included in the controlling connected wit     |                   |                                 | Deductions directly ected with income in column 10 |                                   |  |   |
| (1)   |  |        |   |  | <u> </u>  |                   | -                               |  | -                                 |  |   |
| (2)   |  |        | <del>  -</del>                          |  |   |                   |                                 |  | <del> </del>                      |  | ***************************************                         |
| (3)   |  |        | +                                       |  |   |                   |                                 |  | $\vdash$                          |  | <del>2</del>  |
|   |  |        | +                                       |  |   |                   |                                 |  |                                   |  | <del></del>   |
| (4)   |  |        |   | <del></del>                                  | here and  | on                |                                 | d 10 Enter<br>, Part I, line<br>(A).               |                                   | and                                    | umns 6 and 11 Enter<br>on page 1, Part I, line<br>8, column (B) |
| Totals  |  |        |   |  |   |                   |                                 | • •  | 1                                 |  | • • • • •   |

| Schedule G - Investment Inco  | ome of a Sectio  |  |  | ), or (17) Orga  | nization (see I   | nstruc   | tions)  |   |  |  |
|---|--|--|--|--|---|----------|---|---|--|--|
| 1 Description of income   | 2 Amount of Inc  |  | 3<br>direc                               | Deductions<br>ctly connected<br>ach statement)   | 4 Set-asid<br>(attach state)  | es       | 5 Tota<br>set-a                                 | 5 Total deductions and<br>set-asides (column 3<br>plus column 4)                |  |  |
| (1)   | · <del></del>  |  |  |  |   |          |   |   |  |  |
| (1)<br>(2)<br>(3)<br>(4)  |  |  |  |  |   |          |   |   |  |  |
| (3)   |  |  |  |  |   |          |   |   |  |  |
| (4)   |  |  |  | <del></del>  | L   |          |   |   |  |  |
|   | Enter here and on<br>Part I, line 9, colu                      | page 1,<br>mn (A).   |  | ,  |   |          | Enter he<br>Part I, I                           | re and on page 1<br>ine 9, column (B)   |  |  |
| Totals •  |  |  | ,  |  |   |          |   |   |  |  |
| Schedule I - Exploited Exemp  | t Activity Incon   | ne, Oth  | ner Tha                                  | n Advertising  | Income (see in  | struct   | tions)  |   |  |  |
| Description of exploited activity     Description of exploited activity |  | 3 Expenses directly connected with production of unrelated business income |  | 4 Net income (loss)<br>from unrelated trade<br>or business (column<br>2 minus column 3)<br>If a gain, compute<br>columns 5 through 7 | 5 Gross income from<br>activity that is not<br>unrelated<br>business income |          | Expenses<br>ibutable to<br>column 5             | 7 Excess exemple expenses (column 6 minus column 5 but not more that column 4)  |  |  |
| (1)   |  |  | _  |  | 1   |          |   |   |  |  |
| (2)   |  |  |  |  |   |          |   |   |  |  |
| (3)   |  |  |  |  |   |          |   |   |  |  |
| (4)   |  | <u> </u>   |  |  |   |          |   |   |  |  |
|   | Enter here and<br>on page 1,<br>Part I, line 10,<br>column (A) | on part I,   | nere and<br>age 1,<br>line 10,<br>nn (B) |  |   |          |   |   |  |  |
| Totals  | <b>&gt;</b>  |  |  |  |   |          | <u> </u>  |   |  |  |
| Schedule J - Advertising Inco   | ome (See instruction   | ns.)   |  |  |   |          |   |   |  |  |
| Part I Income From Periodic   | als Reported o   | n a Co   | nsolida                                  | ted Basis  |   |          |   |   |  |  |
| 1 Name of periodical  | 2 Gross<br>advertising<br>income                               | 3 Direct<br>advertising<br>costs   |  | 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute col 5 through 7.   |   |          | Readership<br>costs                             | 7 Excess readership<br>costs (col 6 minus co<br>5, but not more tha<br>col 4)   |  |  |
| (1)   |  |  |  |  |   |          |   |   |  |  |
| (2)   |  |  |  |  |   |          |   |   |  |  |
| (3)   |  |  |  |  |   |          |   | .   |  |  |
| (4)   |  |  |  |  |   | <u> </u> |   |   |  |  |
| Totals (carry to Part II, line (5))   | <b>&gt;</b>  |  |  |  |   |          |   |   |  |  |
| Part II Income From Periodic 7 on a line-by-line basis )  | ais Reported of  | ı a Sep  | parate i                                 | Sasis (For each p  | periodical listed in  | ı Part   | II, fill in col                                 | umns 2 through  |  |  |
| 1 Name of periodical  | 2 Gross<br>advertising<br>income                               | 3 Direct<br>advertising<br>costs   |  | 4 Advertising gain or (loss) (col 2 minus col. 3). If a gain, compute cols 5 through 7.  | 5 Circulation income 6  |          | Readership<br>costs                             | 7 Excess readership<br>costs (col 6 minus co<br>5, but not more that<br>col 4). |  |  |
| (1)   |  |  |  |  |   |          |   |   |  |  |
| (2)   |  |  |  |  |   |          |   |   |  |  |
| (3)   |  |  |  |  |   |          |   |   |  |  |
| (4)   |  | <u> </u>   |  |  |   | <u> </u> |   |   |  |  |
| (5) Totals from Part I  |  |  |  |  | t   |          |   |   |  |  |
|   | Enter here and on page 1, Part I, line 11, column (A)          | on part I,   | nere and<br>age 1,<br>line 11,<br>nn (B) |  |   |          |   | Enter here and<br>on page 1,<br>Part II, line 27                                |  |  |
| Schedule K – Compensation   | of Officers Dire   | ctors  | and Tri                                  | ustees (see instr  | uctions)  |          |   | 1   |  |  |
| 1 Name  |  | 2 Title  |  | <del> </del>   |   |          | Compensation attributable to unrelated business |   |  |  |
|   |  |  |  |  |   | ક        | <del></del>                                     |   |  |  |
|   |  |  |  |  |   | 8        |   |   |  |  |
|   |  |  |  |  | <u> </u>  | 8        |   |   |  |  |
|   |  |  |  | <del>.</del>   | <del></del>   | 8        |   |   |  |  |
| Total. Enter here and on page 1, Part I   | I, line 14 .   |  |  |  | · · · · · · · · · · · · · · · · · · ·                                       | •        |   |   |  |  |

## Form 4562

## **Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return. ► See separate instructions.

OMB No. 1545-0172

2012

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

DELIVERANCE TEMPLE MINISTRIES, INC.

Identifying number

62-1805225 Business or activity to which this form relates Form 990-T page 1 Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 500,000 1 2 2 Total cost of section 179 property placed in service (see instructions) . 3 2,000,000. Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing 5 separately, see instructions (b) Cost (business use only) 6 (a) Description of property (C) Elected cost 7 Listed property. Enter the amount from line 29 R Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. 9 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 11 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs) 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property ) (See instructions ) Section A MACRS deductions for assets placed in service in tax years beginning before 2012 . . . 3,369 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B — Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for depreciation (f) Method (g) Depreciation (a) (b) Month and (d) (e) Convention Classification of property (business/investment use only — see instructions) Recovery period deduction 19 a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs S/L g 25-year property h Residential rental 27.5 yrs MM S/L 27.5 yrs S/L MM property 39 y<u>rs</u> S/L i Nonresidential real MM MM S/L property Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System S/L 20 a Class life b 12-year 12 yrs S/L c 40-year MM S/L 40 yrs Part IV | Summary (See instructions.) 21 Listed property. Enter amount from line 28 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions 3,369. For assets shown above and placed in service during the current year, enter

Form **4562** (2012) 62-1805225 DELIVERANCE TEMPLE MINISTRIES, INC Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24b If 'Yes,' is the evidence written? Yes No 24 a Do you have evidence to support the business/investment use claimed? Yes (i) (d) (e) (b) (c) Elected Cost or Basis for depreciation Method/ Depreciation Type of property Business/ Date placed section 179 deduction investment other basis (business/investment period Convention (list vehicles first) in service cost percentage use only) Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use (see instructions) Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (c) Vehicle 3 (f) Vehicle 6 (a) Vehicle 1 (b) (e) 30 Total business/investment miles driven Vehicle 4 Vehicle 5 Vehicle 2 during the year (do not include commuting miles) 31 Total commuting miles driven during the year Total other personal (noncommuting) Total miles driven during the year Add lines 30 through 32 Yes No Yes Nο Yes No Yes No Yes No Yes No Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? 36 is another vehicle available for personal use? Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions). Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions ) **Note:** If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles. Part VI **Amortization (f)** (b) (c) (d) (e) (a) Description of costs Amortization Date amortization Amortizable Code Amortization period or for this year amount section begins percentage Amortization of costs that begins during your 2012 tax year (see instructions). 42 43 Amortization of costs that began before your 2012 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44

62-1805225

1

Form 990-T, Page 1, Part II, Line 28 **Other Deductions Statement** 

|           | <br>   |
|-----------|--------|
| UTILITIES | 1,240. |
| INSURANCE | 1,542. |
|           | <br>   |
| Total     | 2,782. |